Carolina ACCESS Override Request Form

Complete this form to request a Carolina ACCESS override when you have received a denial for EOB 270 or 286 **or** the Primary Care Provider (PCP) has refused to authorize treatment for **past** date(s) of service. The request must be submitted within six months of the date of service. Overrides will not be considered unless the PCP has been **contacted and refused** to authorized treatment. Attach any supporting documentation. Mail or fax completed form to EDS. EDS will telephone or fax your office **within 30 days** with a denial or, if approved, the override number to use for filing the claim. This form is also available in the Carolina ACCESS Primary Care Provider Manual and on DMA's website at http://www.dhhs.state.nc.us/dma.

Mail to: CA Override
EDS Provider Services
PO Box 300009
Raleigh, NC 27622

Fax: CA Override
919-816-4420

Recipient MID No. _____Recipient Name_____

Date of Birth_____ Date(s) of Service_____

Is this claim due to?

- o An Inpatient admission
- o An Inpatient admission via the ER
- o Current condition _____

PCP on recipient's Medicaid card _____

Name of person contacted at PCP's office _____Date contacted _____
Reason PCP stated he/she would not authorize treatment _____
_____

Reason recipient did not go to the PCP listed on his/her Medicaid card_____
_____

I am requesting an override due to:

- o Enrollee linked incorrectly to PCP. Please explain: _____
  _____
  Who is the correct PCP? _____
- o This child has been placed in foster care in another area : _____
- o This enrollee has moved to another county: _____
- o The provider listed on the enrollee's Medicaid card is different from PCP indicated by the AVR system (attach a copy of the Medicaid card with this form).
- o Unable to contact PCP. Please Explain: _____
- o Other. Please explain: _____

Provider Name _____Provider Number _____

Provider Contact _____Telephone No. _____Fax No. _____